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## POSTWAR PLANNING*


RICHARD C. BEEBE, M. D.,
Lewes, Del.


Members and guests of the Medical Society of Delaware: The topic of my address, Postwar Planning, has been a difficult one to formulate into constructive ideas. There are so many problems confronting us that it seems we must consider some of the more pressing ones before we can devise ways and means of accomplishing certain objectives which our committees have in mind.

This is the 155th annual meeting of the Medical Society of Delaware and I take pride in pointing out to our guests that this Society is the 3rd oldest in the United States and that it was the 2nd society to be incorporated. Great strides in public health work, health programs, check-ups in schools, and rehabilitation work for the veterans of wars have been made by this organization in the many years of its existence. The Society has stressed the importance of periodic physical examinations. In spite of our efforts and those of our predecessors, the number of deficiencies found by draft board examiners and examiners for war industries have been greatly publicized. (Preamble).

Since World War I many men are practicing who have had years of experience coming out through that war, and observing through the years the reaction and results due to misfits and the maladjustments caused by that conflict. As an example, I know one man who had been committed to a mental institution was afraid to accept a pension because he might be recommitted.

We know what the difficulties of past were. We are painfully aware of those of the present. Boys who have entered or would enter pre-medical schools are being drafted into the service. Not many of these will attempt to pursue this profession after having been turned away from it. Their interests will be different or there will be the feeling that they have lost too much time to start on a lengthy preparation for their life's work. This year the profession is 3,700 short of those usually available for civilian practice. The death rate and retirement of physicians usually equals the number who are graduated each year.

What will the future be? Overburdened as we are, the outlook is dark. How are we to carry on a constructive program without the aid of trained personnel? Russia and England are continuing medical education as before the war. Here in the United States the lack of qualified physicians will encourage all kinds of quacks, as people who are suffering will try anything. Already we are feeling the greater demand at home brought on by the number of older people needing greater care because they are attempting to extend the years of their service or they have gone back to active jobs after several years of retirement. In spite of our best efforts the death rate will be higher this year. And we hate to think of what would happen in case of a serious epidemic.

Our boys over there have a right to expect our best in the plans to care for them. The government is building and equipping hospitals. How will they staff them? The veterans of this war will need care, not just this year or next, but for many years to come.

What can we do to carry on the unfinished battle of the disabled—these men suffering in body and mind who had the same start and opportunities as we, until unemployment and discontent after World War I gave Hitler and Mussolini their opportunities to rise to power and create this holocaust?

Our first considerations for postwar activities must be increasing the number of men training for the medical profession. We must have men available for internships in

* Presidential address, delivered before the Medical Society of Delaware, Lewes, September 11, 1944.

hospitals. We must raise our health standards. The plan inaugurated recently in Mexico distributes the members of the profession, when their internships are ended, in rural communities, or centers of the underprivileged for six months before they are allowed to be licensed.

One of the best features of our nation's plans for rehabilitation is the G. I. Bill of Rights. The financing of education by the Federal Government which will be administered by a state agency such as the State Board of Education, will encourage many to go on with the study of professions or trades. Not only will it be a benefit to the nation in that respect but it will also be invaluable in helping veterans who have been through all kinds of experiences to become adjusted to civilian life again.

Let us hope that in the rehabilitation of veterans much of the red tape of the past can be eliminated. During my service in the first World War with the British, who had been fighting in the field for three years before we entered the war, we found that they had simplified their paper work to about one-quarter of the bulk used by the American forces. You can readily see how this allowed much more time for the immediate care of the patients. Our committees will collaborate with the various agencies so that, in the care of those needing help, much money and time will be saved. One great problem that will always be with us is that of those demanding service and compensation when it is no longer needed; also those who are sometimes deprived of the same because of ignorance or lack of initiative in obtaining it. In the vocational rehabilitation program there will be provisions for those who cannot pay, and for those who can pay there will be a nominal fee. The main object of the plan is to rehabilitate the veteran or client so that he may obtain gainful employment. Whatever measures are taken should be made clear to both the veteran or client and his family; they must understand that the government responsibilities will be limited to necessities and not luxuries.

In this postwar world we must not only continue but also increase the help and check-ups given in public schools. We should insist that all industries make periodical check-ups of their employees.

Our two committees have already made progress. They will do all in their power to help promote facilities for rehabilitation. America will still be the medical center of the world after this war. In our striving for science let us not forget the human touch. We can't let down our boys who are scattered all over the globe. There are times during the lulls in combat and enforced isolation from their homeland when their morale is boosted by their hopes and their ideals for a better world. They and all the debilitated are depending on us.

Some of our discussions will not be long remembered, but let us be determined to enact a program to meet the changing times and to cooperate with the necessary agencies for improvement in the health of our nation and of the world.

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## THE PHYSICIAN AND THE BOARD OF HEALTH*

A. PARKER HITCHENS, M. D.,**
Wilmington, Del.

From the time, last summer, when the Chairman of your program committee, Dr. Lewis B. Flinn, asked me to read a paper at this meeting of the New Castle County Medical Society, no other circumstance has been able to crowd out of my mind a great anxiety that I might be able to explain to you understandingly and clearly some of the things I hope we shall do together—things—many of them—not yet listed with the routine duties of a health service. The routine matters are prescribed by law and we must attend to them—and do them together also.

Probably I shall not succeed in revealing to you the intensity of my hope that I may retain your confidence in my determination to make my work here an essential part of your own efforts to enhance the health and, therefore, the welfare of every resident of Wilmington. I know that at best my words can disclose merely some of the things that, I want you to believe, are in my mind. It is only through my official and personal acts

* Read before the New Castle County Medical Society, Wilmington, September 19, 1944.
** Health Commissioner, City of Wilmington.

during the days to come that you will have any chance to know whether or not these words mean anything. At any rate my sincere conviction is that I want, more than all else in the world, the opportunity to work toward a health administration in Wilmington that will be a model for all other cities. I know that you want me to have that opportunity. Therefore, we are on the same side; we are members of the same team. In this effort we must—and we shall—work together on terms of absolute and invariable frankness and mutual respect. I am a physician as you are physicians, I have been a family doctor, and I know about the relationship that truly exists between a doctor and the patient who has confidence in his skill and knowledge and judgment. To me the doctor-patient relationship is sacred and no amount of political maneuvering will ever be able to disturb it.

I think I may tell you immediately what I believe to be my very greatest ambition. It is, to so administer and develop the health program of Wilmington that your relationship with your patients may be even more satisfying and satisfactory than it has ever been in the past. I want to make it possible for you to take advantage of every advance that has been or will be made in medical science so that you may give your patients the benefit of such scientific study as is now considered to be available only in the laboratories of the larger hospitals and restricted to patients able to pay for expensive laboratory tests whether they pay their doctors bills or not.

This great need of nearly all our communities is so much on my mind it has made me drag it in here long before its proper place in this dissertation. Complete laboratory service brought to the door of every patient on demand of the doctor and at the expense of the community, when necessary, may sound Utopian to some of you. Whether it is actually so or not is one of the things I mean to discuss with you. But other things come first. The development of such a service must be a part of our long term post-war planning—I have no intention of trying to start it until you are ready and demanding it.

The matters we must go into first are the official relationships that will or ought to exist between the medical profession of Wilmington and the Board of Health. So much has been said in medical circles recently in criticism of governmental participation in problems of health and disease, I think I ought to discuss with you what I believe should be the position of this official health agency which the Mayor and City Council, the representatives of the people, are in process of establishing to protect Wilmington against the ravages of illness.

As you may know, Dr. George T. Palmer, a field executive of the American Public Health Association, has made an exhaustive study of Wilmington's administrative health needs and is now writing his report. This report will be in the form of a health code; it will undoubtedly be of standard content patterned to fit in with the other established governmental agencies with which Dr. Palmer is now well acquainted. A former city health officer of broad experience and with many other city and state investigations and codes to his credit, Dr. Palmer is uniquely equipped to do for Wilmington exactly what the official representatives of its people are anxious to have done. I have not yet seen Dr. Palmer's report but I am familiar with the principles of sound public health administration, especially as they are described in Smillie's "Public Health Administration in the United States" and in the volume edited by Professor Ira Hiscock and called "Community Health Organization." Especially am I acquainted with the reports of the Committee on "Public Health Practice" of the American Public Health Association and this, specifically, is the committee to which Dr. Palmer is more or less directly and officially responsible. I suppose I am trying to explain to you that Dr. Palmer and I speak the same language. Probably I should add that since he is a New Yorker and I am a Delawarean, with an ample taint of Pennsylvania, we might, at times, pronounce some of our words just a little bit differently.

Those of us who are interested in the history of the modern public health movement seem to feel that whenever we are given an opportunity such as you are giving me tonight we must attempt to astound you by revealing

the profound secret that contagion and immunity were recognized as early as 430 B. C. We feel we must read to you a few chapters from Numbers and Leviticus to let you see we are not imposing something brand new on you when we remind you that an organized community secures the health and welfare and safety of its citizens by adopting laws and codes and by setting up enforcement agencies.

Organized government can have no function more serious than the protection of the health and welfare and safety of its citizens. Recognition of the fundamental necessity for the police power is as old as the gregariousness of man. In the middle of the last century Disraeli, that great statesman of a capitalistic era gave emphasis to this concept in the statement that "public health is the foundation upon which rests the happiness of the people and the power of the state. The first duty of a statesman is the care of the public health."

Early enactments designed to protect the people from disease were generally in the form of edicts and prohibitions and some of them appear to us as rather fantastic. However, these regulations placed on a firm foundation the concept that the people as a whole have a right to adopt those measures which are necessary for their own protection, even though they be measures which interfere at times with the rights of the individual. This view of the police power of government is so broad as to embrace the principle that the individual may be required to perform certain acts or to submit to certain personal sacrifice if by so doing he will further the welfare of society.

It is interesting, in passing, to note that public health is nowhere mentioned in the Constitution of the United States. The reason is that the several states had their police power in full operation prior to the adoption of the Constitution and they were not divested of it; a state cannot itself remove it but can delegate it to regularly constituted bodies within the state, e. g., a county or a city police bureau or a board of health.

A more effective point of view was given the health movement when, at about the middle of the 1800s Sir Edwin Chadwick put the matter of disease on a cost basis. He was impressed by the fact that vast sums of public money were being spent to care for those who were incapacitated or left destitute by the ravages of illnesses that might have been prevented. He naturally inquired if it might not be more logical to finance a program of prevention than to wait until illness had developed and then pour out greater sums for the care of conditions that might have been but were not avoided. Since Chadwick's time we have been made aware of many variations on this theme. Now we accept the validity of the argument but still we are not completely motivated in the direction of making all the sound investments in health that every day present themselves to us. Chadwick's was not the reasoning of a rattle-brained reformer bent on socialistic experiment and governmental usurpation of all personal rights and prerogatives. It did not come out of any communistic or totalitarian state. It evolved about a century ago in a country that was at the peak of its capitalistic development. It was a concept of pounds and shillings, not of intangible speculation as to human rights to a sound body and a sound mind.

With the advent of the era of bacteriology the regulatory program of Sir Edwin Chadwick, later of Sir John Simon, directed toward removal of filth, began to give way to the more specific factors that favor the spread of communicable disease, the most serious causes of sickness at that time.

The carrying out of such tasks, for the protection of the health of the people resulted in the creation of a new governmental agency, the department or board of health. The law establishing the first state health department in the United States instructed that board to "take cognizance of the interests of health and life among citizens." In view of this mandate from the people it is very logical that a health deparement should now inquire to what extent it may direct its energies toward ameliorating any condition that is an important cause of illness and death. Cancer, heart disease, diabetes and accidents rank among our leading causes of death and arthritis one of our chief sources of physical incapacity. The community's responsibility for the care of these cases and their dependents is just as great as it is for the care of those

ill or left destitute as a result of typhoid fever or bubonic plague.

Since the community has the ultimate responsibility for these persons it is only logical that it should inquire to what degree it may, through its health agencies, reduce the burden of illness, debility, and destitution. We cannot expect society to say it will do nothing to lessen this toll but will shoulder the economic load after medical science applied on a purely individual basis has exhausted its possibilities.

The concept of public responsibility for the the care of thees cases and their dependents however, no new idea of a social order that many fear is drifting rapidly toward socialism. About 150 years ago, our federal government gave recognition to it when a governmental bureau was established to give medical care to the merchant marine. This concept has found expression in the creation of tax supported hospitals, especially for the care of the tuberculous and the mentally ill. During the latter half of the last century it was expressed through the creation of tax-supported medical schools, to make certain of a supply of adequately trained physicians. While the physician graduating from such a school is the immediate beneficiary of an education that cost far more than he paid, the public ultimately benefits through an improved quality of medical practice.

The first laboratories for the bacteriologic diagnosis of communicable disease were established by government. Official agencies early provided for the free distribution of certain biologic products for treatment and later for prevention. The very first diagnostic laboratory was that established in New York City by Dr. Hermann M. Biggs; its first chief was then a consultant to the City Health Board, Dr. T. Mitchell Prudden, who in 1887 had just returned from Germany where he had taken a course in bacteriolgy under Robert Koch. Their sole interest, at first, was the bacteriologic diagnosis of diphtheria and to assist him in this work Dr. Prudden engaged the services of the young laryngologist, Dr. Wm. H. Park. As every one knows that laboratory blazed the trail for all other such essential aids to the public health and welfare around the world. Under Dr. Park's direction all types of bacteriologic tests and examinations were made without any cost to the patient and this has become the custom and the rule in all the states and all the larger cities of the country. The very first diphtheria antitoxin produced in this country was made by Dr. Park. He began to distribute it free to residents of New York City who needed it to cure their illness and soon to immunize family contacts of the ill. The history of Dr. Park's laboratory is the history of practical, applied, bacteriology and immunology in the United States. For years the free distribution of biologic products by a city owned institution was considered by the commercial laboratories an outrageous infringement on their prerogatives. When Dr. Park was able to show that he could produce antitoxin for a few cents a thousand units when the market price was almost as many dollars the New York City Health Board permitted him to continue and expand his service to the people of the city.

The activities of the laboratory, which now bears the name, the William Hallock Laboratory, set the pattern for laboratory service everywhere and for the free distribution of biologic products. This has been done because it is good public health practice as well as sound financing to do so. Disease is more certainly prevented and sickness is diminished by specific remedies. For the same reasons many communities are now giving away sulfa-drugs and penicillin and anti-syphilitics.

Some of you, by this time, may be suspecting that I am going to say next that everything concerned with health and sickness—including medical care—should be completely free to all the people—at the expense of the taxpayers. If I have seemed to be going in that direction I wish you would refer back to the opinion I expressed in an early paragraph of this paper: "To me the doctor-patient relationship is sacred." I shall never be in favor of any proposal that a board of health should embark upon a program of general medical care. I do not favor such a program because I do not believe it is the best solution of our problems. I believe that it is essential, however, that if the medical profession is to op-

pose any form of extension of governmental participation in medical care, this opposition should be based on the grounds of public weal, not on any assumed rights of the profession. Unless we protect ourselves in this manner we are placing our profession in the same role as the commercial interest that seeks special legislation because of the personal advantage to be derived, regardless of the effects on the general public.

I do not believe that government can efficiently operate a system of complete medical service supported out of tax funds because under such a plan it would be impossible to make the individual modifications and adjustments that are necessary for the highest quality of medical care. Such a system would strike at the very heart of the fundamental doctor-patient relationship as it would deprive the patient of his free choice of a medical adviser in whom he had confidence. It would, I believe, tend to a deterioraton in the quality of medical practice and is therefore a plan that may be soundly opposed.

However, this does not mean that carefully planned research in the field of health insurance should be abandoned, so long as the essential doctor-patient relationship is preserved. Unless we experiment we shall never know. Yet in making our studies we must be cautious not to form conclusions too hastily.

There are types of direct medical service in which the need for individualization is not important. A child may be immunized against smallpox, diphtheria, scarlet fever or whooping cough just as effectively in a public clinic as in the physician's private office. The protection is equally great in either case. The procedures have been so standardized that they may be effectively performed on a mass basis. We cannot logically object, therefore, if the people desire to obtain protection in this way at public expense, even though children may appear at the clinic who can afford private service. We accept the same principle in education.

In Detroit, all such patients are referred to the office of the family physician who in turn charges the city at a rate somewhat less than that usually charged. This practice would be ideal if the total cost to taxpayers were the same as that of performing the same number of immunizations on a clinic basis. Unfortunately it usually runs much higher. We are asking the public to pay at a higher rate than would be charged for the same service on a clinic basis. The situation is comparable to the demand of a spring water company that the city purchase its water to distribute through the pipes at a price several times that required to install and maintain a municipally owned treatment works.

I firmly believe that it is far preferable for the health department to render those direct services which it can perform efficiently, with the full realization that under no circumstances can it ever offer the refinements of personal attention that are possible only in private practice.

The principal reason for the demand for greater governmental participation in medical service comes from the fact that scientific progress has far outrun our plans for bringing the benefits of these discoveries to the patient. The practice of modern scientific medicine is expensive, involving the use of tests and procedures that are often beyond the financial capacity of the patient. Under such circumstances the physician is too often forced to rely on clinical judgment unsupported by the more exact methods which he knows are available. During his medical school and hospital training the physician is taught to utilize procedures which are later denied to him for financial reasons. How many throat cultures for diphtheria, or serologic tests for syphilis would be performed if the physician was required to pay two to five dollars for them with the hope that he might be able to collect this from the patient in addition to his fee for services? These facilities are provided by government not directly to the patient but through the medium of the family physician. The public benefits because they enable the physician to practice a better type of medicine. Yet in other conditions economic forces all too often compel him to practice a type of medicine somewhat short of the best for which he was trained.

There seems to me to be at the present time a very real need for governmental assistance in making these specialized diagnostic and therapeutic procedures more readily available. The types of service now available refer especially to the communicable diseases, yet we have already seen attempts made to provide similar assistance in the care of other conditions. Some health departments perform chemical tests, examine suspected tumor specimens, and provide X-rays for diagnosis of tuberculosis.

Although these technical procedures are varied in their nature they have one thing in common, namely, they all aim to *supplement* rather than to *supplant* existing medical practice. It is not intended that the laboratory test should be performed on direct request of the patient but only upon the request of a licensed practitioner, to whom the findings are reported. If the diagnostic or therapeutic procedure should involve direct examination of the patient, this would be performed only upon those patients so referred by the attending physician. In this manner the city government would attempt to place at the disposal of the family physician facilities that under any other system are denied to him.

How far it is feasible to extend such a plan of supplementing the practice of medicine through the provision of special technical facilities remains to be seen. I feel confident that even so glorious a pioneer in this field as the late C. C. Young, Director of the Michigan State Laboratories, felt that he had barely scratched the surface of the possibilities of such a program. Wherever it has been tried there has been direct benefit to the public and incidentally to the physician who thus finds at his command facilities that were formerly denied him. If such measures can be soundly carried out in the field of communicable disease, they are equally practical in the maze of expensive procedures attendant upon the care of other diseases. Government provision of such aids to practice would be a most valuable step in bridging the gap between our present knowledge and its general application. It would go a long way toward reducing the present problems of the high cost of medical service. It would improve the quality of medical practice and would serve to reduce the demand for schemes that I, in company with others, fear may result in a poorer type of medical service to the public.

In Army and Navy hospitals our service doctors have become accustomed to ordering all the technical laboratory work the accurate diagnosis of the patient's condition has seemed to demand. More and more tests are made from day to day to check the progress of the disease. I have generally thought about city or state support of such work, without cost to the patient, when indicated, as an important item to be put with post-war plans. It must be so, apparently, because many of our skilled laboratory men and women are in the uniformed services—as well as our doctors. However, putting these plans into operation, should not, in my opinion, be long delayed. We want to have places ready for our experienced technicians and our service doctors will demand the laboratory studies to which they are now accustomed.

It is my sincere and considered opinion that if we could so shape the course of governmental participation in the field of medical care as to envision greater supplementation of technical aid to medical practice we would see less public demand for schemes which would tend to supplant private practice.

Maintenance of the public safety and the public health are responsibilities of the state, they are important functions of the police power of the state, and no state can divest itself of this power. However, a state may delegate its police power to municipal and local boards of health. In appointing me Health Commissioner of Wilmington, I realize that a grave responsibility has been delegated to me as the enforcing agent of all laws and regulations that have to do with the health of this City. I pray that I may always use this authority wisely. I know that I shall be able to do so only if I am fortunate enough to achieve the support and secure the confidence and cooperation of the organized medical profession of Wilmington.

# Editorial

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## THE DAY OF DECISION

America, alone of all the nations at war, will not forego its quadrennial election for President. This, the greatest demonstration the world has ever seen of a democracy that works, comes on November 7th. What a fateful day: 11-7! This is no dice game; this is no ordinary event; this is the *day*, even the hour, of decision! With the rest of the various groups—professional, labor, management, etc.—American medicine must make up its mind as to what *it* wants for the next four years. No! That's an error; not the next four years but perhaps the next forty years.

For the first time in American history an election is to be held that represents not a mere issue between political parties but a fundamental issue between political ideas. On the one side is the philosophy of regimentation, of authoritorianism, of bureaucratic control; on the other side is the doctrine of free enterprise, of individualism, of personal control. On the one side is the idea that the government can do it better; on the other side is the conviction that the government never yet has done it quite as well. On the one side is the imported European dogma that the individual exists for the state; on the other side is the native American gospel that the state exists for the individual, and what a whale of a difference *that* makes: it's the difference between Adolph Schickelgruber and George Washington!

Most important to the medical profession is the status *it* shall occupy after this election. On the one side is the thinly-veiled threat that we shall have some type of socialistic medicine; on the other side is the solemn pledge that the doctor shall never become a mere flunky of the government.

The doctors have read widely and listened much, and most of them, regardless of their accustomed political affiliations, have decided to vote for a continued free medical profession in America. To the weakling on the fence, to the blind adherent of the party line-up, to the man who has been "too busy" to decide, we can only say: Think it over, doctor, and think it over fast, and straight! For, for all Americans but especially for the medical men, and for a long time to come, 11-7 will seal their fates and fortunes. If there be any truth at all in the old saga *vox populi vox dei* the time has now come for the people to so speak that their voice shall truly be the voice of God! Vote, doctor, vote!

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## OUR NEW ADDRESS

Time marches on, and THE JOURNAL moves on too. For two and one-half years we have been at 618 Citizens Bank Building. Now its new owners, the North American Mutual Insurance Company, have renamed it the North American Building. And within the same building we are moving to larger quarters, so that now our new address is 822 North American Building, Wilmington 7, Delaware. We hope our correspondents and our exchanges, etc., will note the change of address. Thanks for your trouble.

## New Directory

The third edition of the Directory of Medical Specialists listing names and biographic data of all persons certified by the fifteen American Boards is to be published early in 1945. Collection of biographic data of the diplomats certified since the 1942 edition, and revision of the older listings in that volume are now going forward rapidly. Diplomats are requested to make prompt return of their notices regarding their biographies as soon as possible after receiving the proper forms from the publication office soon to be mailed to them.

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## Examinations, 1945:

New York City, June. Exact dates to be announced in various Journals about January 1st. Deadline for applications: December 1, 1944.

Chicago, October. Exact dates later. Deadline for applications: April 1, 1945.

NOTE: All examination dates contingent on war and transportation conditions.

Please write at once for application blanks to American Board of Ophthalmology, Cape Cottage, Maine.

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While we look for the virtual conquest of tuberculosis within the measurable future, we cannot hope for the annihilation of the tubercle bacillus. Unless nature takes an unexpected whim to do away with it beforehand, this acid-fast rod may be present at the obsequies of the last man on earth. Therefore, it is well for tuberculosis workers to prepare for permanent duty during war and peace, in good time and bad, lest the microscopic vegetable seize the unsuspecting moment and the fertile spot to seed itself anew. J. Burns Amberson, M. D.

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STATEMENT OF THE OWNERSHIP, MANAGEMENT, CIRCULATION, ETC.

Required by the Act of Congress of August 24, 1912, and March 3, 1933, of The Delaware State Medical Journal, Published monthly at Wilmington, Delaware, for October 1st, 1944.

STATE OF DELAWARE
COUNTY OF NEW CASTLE } SS.

Before me, a Notary Public in and for the State and County aforesaid, personally appeared M. A. Tarumianz, M. D., who, having been duly sworn according to law, deposes and says that he is the Business Manager of the Delaware State Medical Journal and that the following is, to the best of his knowledge and belief, a true statement of the ownership, management (and if a daily paper, the circulation), etc., of the aforesaid publication for the date shown in the above caption, required by the Act of August 24, 1912, as amended by the Act of March 3, 1933, embodied in section 537, Postal Laws and Regulations, printed on the reverse of this form, to wit:

1. That the names and addresses of the publisher, editor, managing editor and business managers are:

Name of— Post Office Address

Publisher, Star Publishing Co., Wilmington, Del.

Editor, W. Edwin Bird, M. D., 618 Citizens Bank Bldg., Wilm., Del.

Assoc. Editor, W. O. LaMotte, M. D., Medical Arts Bldg., Wilm., Del.

Business Manager, M. A. Tarumianz, M. D., Farnhurst, Del.

2. That the owner is: (If owned by a corporation, its name and address must be stated and also immediately thereunder the names and addresses of stockholders owning or holding one per cent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a firm, company, or other unincorporated concern, its name and address as well as those of each individual member, must be given.)

The Medical Society of Delaware

3. That the known bond holders, mortgagees, and other security holders owning or holding 1 per cent or more of total amount of bonds, mortgages, or other securities are: None.

4. That the two paragraphs next above, giving the names of the owners, stockholders, and security holders, if any contain not only the list of stockholders and security holders as they appear upon the books of the company but also, in cases where the stockholder or security holder appears upon the books of the company as trustee or in any other fiduciary relation, the name of the person or corporation for whom such trustee is acting is given; also that the said two paragraphs contain statements embracing affiant's full knowledge and belief as to the circumstances and conditions under which stockholders and security holders who do not appear upon the books of the company as trustees, hold stock and securities in a capacity other than that of a bona fide owner; and this affiant has no reason to believe that any other person, association, or corporation has any interest direct or indirect in the said stock, bonds, or other securities than as so stated by him.

5. That the average number of copies of each issue of this publication sold or distributed through the mails or otherwise, to paid subscribers during the twelve months preceding the date shown above is ————. (This information is required from daily publications only.)

M. A TARUMIANZ, M. D.
(Signature of Business Manager)

Sworn to and subscribed before me this 2nd day of October, 1944.

(SEAL)

MARY S. RHODES
Notary Public
(My commission expires April 1, 1945)